

MULTIPLE DEPEN.
CLM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 / 539300
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.	2					
TOTAL DEP.	20	◀	◀	◀	◀	◀
TOTAL CLAIMS	22	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL DEP.		◀	◀	◀	◀	◀
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████